Queensland Government
Queensland Health

Student Health Professionals' Clinical Placement Package

and

Fieldwork Orientation Package

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Introduction

Welcome to the Student Health Professional's Clinical Placement Package and Fieldwork Orientation Package. It is a requirement of Queensland Health that all students undertaking a clinical placement in a Queensland Health facility read the relevant information for their placement.

Why read this document?

This document contains information that has implications for anyone (including student health professionals) providing a health service in Queensland.

This package of information has been created to educate student health professionals about policies, procedures and workplace expectations that influence the way they will conduct themselves while in a Queensland Health facility. It is your responsibility to read and understand the contents of this document.

By signing the *Student Orientation Checklist* and presenting it to your tertiary education provider placement co-ordinator, you are stating that you have read and understood this document. You are also stating that you have completed your orientation and are ready to commence your placement in a Queensland Health facility.

Your clinical placement cannot commence if you have not completed the student orientation checklist.

How should I review the Student Orientation Website?

Use the menu at the top left corner of the home page to guide you through your orientation. The home page can be found at http://www.health.qld.gov.au/sop/default.asp.

Remember, there is more information on the website than what is in this document. You may want to look up the district you are going to and find out more specific information.

The website also has important tips about accommodation, tourism and transport. Reading and understanding this information assures your tertiary education provider coordinators that you are orientated to a Queensland Health facility prior to the placement.

This is my second placement with Queensland Health, do I have to read it all again?

If you have more than one placement in Queensland Health in a year, we recommend that you check the website at the commencement of each placement to see if anything has been added or changed. The 'Updates' section on the first page will provide you with details of recent site changes and additions.

If you are undertaking placements in different years, it is a requirement to re-read the Placement Requirements. However, you are not required to submit another signed Student Orientation Checklist.

What do I do if I'm not happy on my placement in Queensland Health?

If you are not happy in your clinical placement, it is important to discuss this with your clinical supervisor. It may be easily resolved. If this is unsuccessful, please contact the student placement coordinator at your tertiary education provider.

Placement Requirements

This section is an essential component of your orientation. It covers six areas that must be understood by all students. These areas are:

- Professional Behaviour & Responsibilities
- Code of Conduct
- Confidentiality / Privacy & Documentation
- Workplace Health & Safety
- Immunisation and Infection Control
- Cultural Diversity

Any student who does not comply with the standards outlined in the Placement Requirements section may have his/her placement with Queensland Health terminated.

As you read the document, you will see references to other documents and websites. These references are further reading. Reading these references is not necessary for comprehending the Placement Requirements.

Professional Behaviour & Responsibilities

Before you commence at a Queensland Health facility, consider the following attributes that make a successful placement. Remind yourself of them as you put into practice the theory you have learnt during your course.

Professionalism is demonstrated by the student who:

- follows the Queensland Health Code of Conduct and abides by their profession- specific code of ethics; (Qld Health Code of Conduct - http://www.health.qld.gov.au/about_qhealth/cc.asp)
- clearly wears student identification;
- introduces themselves as a student;
- seeks permission from the patient/ clients or the responsible staff before proceeding with an intervention;
- maintains confidentiality of information given by or about patients/ clients;
- acknowledges legal responsibilities for child protection, when appropriate;
- accepts responsibility for all relevant aspects of patient or client care within the limitations of the student role determined by the student supervisor;
- attends relevant department, ward or clinic meetings, and contributes effectively when required;
- behaves in a manner which is not disruptive to patients and staff, on and off duty;
- maintains personal tidiness and dress in the clinical setting which is acceptable to the supervising staff;
- behaves in a respectful manner to colleagues, supervisors, patients and their families;
- acknowledges and responds to constructive criticism;
- acknowledges and responds to individual needs which respect culture, age, state of health and authority among hospital, health centre or clinic personnel and patients;
- demonstrates an understanding of the particular facility's approach to patient/ client care, and shows willingness to work within this framework;
- demonstrates an awareness of individual health workers' roles and refers to them appropriately; and
- is aware of and maintains appropriate professional boundaries.

Professional Appearance

Dress standards while on a placement should be appropriate to the functions being performed, occupational health and safety requirements, cultural diversity, local community standards and climate. Depending on the placement, a uniform may or may not be required.

A student identification badge must be worn and visible at all times.

Ensure you check any additional requirements of your placement's facility on your arrival.

Professional Boundaries

Professional boundaries are important to ensure that the relationship between a client and a health professional is both safe and helpful. While a professional relationship will follow many everyday courtesies and social conventions, it is very different to an ordinary social relationship or friendship.

This is due to the imbalance of power present in all professional relationships that may place the client in a position of vulnerability and put them at risk of exploitation and abuse. Crossing of professional boundaries may occur if a health professional is under-involved or over-involved in a client's care, and includes extreme violation of a client's rights such as the pursuit of a sexual relationship.

The Queensland Health Code of Conduct governs professional boundaries, as do individual professional ethics codes.

Use of Queensland Health Vehicles

Queensland Health's vehicle policy states students are not permitted to drive Government vehicles, unless authorisation has been obtained from the relevant staff member (Area Health Managers, District Managers, State Managers and Branch Directors, or their delegates).

If students are passengers in a government vehicle, the relevant authorisation needs to be completed and authorised by the above prior to travel.

Home Visits

It is Queensland Health policy that student health professionals undertaking a clinical placement with Queensland Health for clinical placement or fieldwork do not attend home or community visits alone unless appropriate risk management strategies have been undertaken.

If these requirements have not been met, direct supervision from a Queensland Health staff member or other appropriate health service provider is required.

Code of Conduct

What is the code of conduct?

These are the principles guiding behaviour between colleagues, staff and those receiving care through health services or those providing services to Queensland Health. As a student learning to become a competent health professional, you need to be aware of this code and abide by it when on placement in a Queensland Health facility.

To whom does the code apply?

The code of conduct applies to:

- all permanent, temporary, full time, part time and casual staff of Queensland Health; and
- every student, volunteer, contractor, consultant, or other person who exercises power, controls resources for, or on behalf of, Queensland Health.

Principles of Ethical Behaviour

Respect for the law and system of government

Respect for people: Employees should treat members of the public and public officials honestly, fairly and with proper regard for their rights and obligations. They should also act responsibly in performing official duties.

Integrity: Employees should recognise that public office involves a public trust.

Diligence: Employees should exercise diligence, care and attention and aim for high standards of public admission and health care.

Economy and efficiency: Employees must ensure that public resources are not wasted, abused or used improperly or extravagantly.

- Queensland Health Code of Conduct go to http://www.health.qld.gov.au/about_qhealth/cc.asp (Print version 935kb) (Web version 497kb)

Confidentiality, Privacy and Documentation

Queensland Health places very high importance on maintaining patient confidentiality and protecting privacy. Patient trust is critical to providing high quality health care. Students who will have access to identifying information need to be familiar with the relevant confidentiality and privacy requirements that are outlined below.

Confidentiality

Everyone has the right to confidentiality when accessing services at a Queensland Health facility. This means that while on clinical placement, it is your responsibility to ensure that information pertaining to a person's condition and treatment is kept secure. As a student from an authorised tertiary education provider, you may only access specific clinical records with the authorisation of your supervisor.

All student health professionals are required to comply with the standards of confidentiality as specified by the Queensland Health Code of Conduct.

The Code of Conduct establishes a strict duty of confidentiality to all people who work in Queensland Health. Specifically, the Code of Conduct states that employees (including students) have a responsibility to avoid unnecessary access to and disclosure of confidential information by ensuring:

- sensitive documents are stored out of sight in a lockable area;
- discussions of personal information about employees or clients do not occur;
- names and other personal details of people are not be revealed in conferences, workshops or seminars;
- information concerning any person is not accessed other than in the direct course of employment; and
- any information concerning patients is treated with the strictest confidence

There are only two circumstances in which you may access confidential patient information (from sources such as HBCIS, medical records [hard copy or electronic], or AUSLAB):

- in the direct provision of treatment; or
- with express consent from the client (with the consent recorded in his/her medical chart).

Therefore, if you need to access confidential patient information for educational purposes (such as for a case study, assignment or presentation), you may do so ONLY with formal consent from the client. This consent should be gained by your supervisor and noted in the person's medical record.

You are required to disclose to the patient the reason why you want to access and use this information, and explain that no identifiable details will be disclosed. You must ensure that any identifying details are removed from any information you may gather.

Never take patient identifiable information home (including charts, department files, stickers, information recorded in case notes books or for presentations). Always ensure that HBCIS (and other patient identifiable electronic printouts) are disposed of correctly for example, in a secure bin.

When in doubt whether to reveal personal information, seek confirmation from your supervisor. Examples of when information can be given include:

- giving information for the purpose of treating a client;
- giving information with the patient's prior consent; and
- giving information when another law permits or requires you to do so.

Examples of a breach of confidentiality

A breach of confidentiality is often a careless rather than deliberate act. It is important you remain alert to all of the ways in which personal information may not be secure. For example:

- removing patient files or taking identifiable patient information home;
- accessing information irrelevant to your duties;
- discussing relevant information in an inappropriate area;
- carrying/delivering information inappropriately;
- confirming details to a caller (eg attendance at our service); or
- e-mailing patient information via public networks (such as internet email).

Remember, as a student you are privy to confidential information, including medical records, mail and computer records. This does not mean you have the right to do more with it than falls within the scope of your duties. For example, reading records, opening mail, looking up the personal details of others.

Unless it is part of your duty to do so, you are not permitted to release confidential information to other hospitals, solicitors, or the media. You are also unable to release information to somebody enquiring about themselves such as their hospital admittance or treatment information. Queensland Health has specialised areas to deal with these requests, and they should be re-directed appropriately.

Under no circumstances can you look up patient information if it is not directly part of your duties to do so. You cannot look up contact details or other information to assist your relatives, friends, neighbour etc.

Under no circumstances should you access information relating to yourself without going through the correct channels. You do not have the right to view your medical record without applying to do so.

When carrying confidential information such as mail or medical records, you should ensure these items are not left unsecured in an area for inappropriate lengths of time. They should only be delivered to the areas nominated, and not left in a public area such as a waiting room.

When carrying medical records, ensure they are carried in a way not to expose identifying information such as patient details.

Unless it is a part of your duties, do not discuss patient related information with others. This includes sharing patient photos or details of their medical conditions.

Remember not to breach confidentiality of co-worker details which includes releasing personal telephone numbers, or health problems.

Most importantly, even after you are no longer on placement at Queensland Health, you are still obliged to maintain confidentiality.

You should ensure that the information referring to confidentiality is understood and that the confidentiality clause on the Student Orientation Checklist is signed. Failure to comply with the confidentiality obligations may result in termination of your placement and/ or further legal action being taken against you by Queensland Health and/ or your tertiary education provider.

Additional Reading

Test your knowledge on confidentiality issues with our QUIZ.
(Go to http://www.health.qld.gov.au/sop/content/confidentiality_quiz.asp)

Please note that this quiz is a tool to assist your learning and is not a formal assessment of your skills or knowledge. While taking the quiz is highly recommended, it does not need to be submitted to tertiary education provider.

Privacy

Queensland Health is required to comply with *Queensland Government Information Standard 42A (IS42A)*. IS42A deals with "personal information". This is information that identifies or could identify an individual. It also establishes minimum requirements for:

- *Collection of personal information* - what information we may collect, how we do this, what information needs to be given to people when we collect information about them;
- *Use and disclosure of personal information* - the circumstances under which we can use information within Queensland Health and disclose it to parties outside Queensland Health, including how we use/disclose identifiers such as the Medicare number;
- *Data quality* - the personal information we collect, use and disclose must be complete, Accurate and up to date;
- *Data security* - we must ensure that we protect personal information from misuse, loss and unauthorised access, modification or disclosure;
- *Access and correction* - giving individuals the right to access their information under the *Freedom of Information Act 1992*; and
- *Openness* - we need to make information available to the public about the types of personal information we collect and our information handling practices.

Queensland Health requires all students to understand and comply with the privacy principles in IS42A. Further information about IS42A is available on the Queensland Health privacy website www.health.qld.gov.au/privacy.

It is essential that while you are on clinical placement, you comply with the Queensland Health privacy standards.

Documentation

Why document?

Documentation of patient care and interventions is important for a number of reasons including:

- to facilitate the continuum of patient care;
- to allow evaluation of care provided;
- for research or epidemiological needs;
- to allow clinical unit management;
- to meet statutory requirements; and
- in case the information is required for medico-legal defence

Your responsibilities

- Write in black pen only
- Ensure you are concise and accurate
- Never make derogatory comments
- Ensure your writing is legible
- Always time and date entries
- Sign entries and print name and designation

- Have all entries co-signed by your supervisor
- Do not time or date entries retrospectively
- Do not retrospectively amend
- Rule a single line through writing if an error is made - sign and date this change
- Do not use white out / correction fluid / liquid paper

Workplace Health and Safety

The topics in this section will give you a broad introduction to the areas that are important to Workplace Health & Safety. Some topics have a very practical basis. It is essential that you obtain and understand the relevant local procedures when you arrive at your placement.

In particular, you should ensure that you obtain the local guidelines for:

- Fire Safety
- First aid issues - including cardiac arrest/ code blue
- Manual Handling
- Incident Reporting
- Immunisation and Infection Control

All students should attend a Workplace Health and Safety orientation upon commencement with Queensland Health. This will provide you with the relevant legislation and explain the obligations of employers and employees under the *Workplace Health and Safety Act 1995*. You should also receive a Fire Safety lecture as part of the placement orientation.

Fire Safety

Fire training is a very practical matter. However, it is not a topic that can be adequately covered in a document.

It is a legislative requirement that fire safety training be undertaken by all staff. Some facilities may also require that students undertake training. Be sure to determine the facility's fire alert phone number.

For your information we have included the basics of a fire action plan. In the event of discovering smoke or fire:

Remove. Remove any people who are in immediate danger.

Alarm. Raise the alarm (break glass alarm), dial the facility's fire alert number.

Contain. Contain the fire by closing doors and windows. Turn off any fans.

Evacuate. Evacuate the immediate area. Follow all directions of your Fire/Building wardens.

You should only attempt to **Extinguish** the fire if you are trained, and it is safe to do so.

First Aid

Be sure to obtain the appropriate cardiac arrest (code blue) procedures for the facility where you are undertaking your placement.

Manual Handling

About 60% of all Work Cover claims made by employees of Queensland Health are in relation to strain/sprain injuries. Such injuries may be sustained when lifting and moving heavy objects, medical and therapy equipment, and patients.

An extensive manual handling training program has been implemented and a number of brochures and other resources have been developed for Queensland Health employees in general and also for members of specific professions. Taking this training program is a mandatory requirement for employees of Queensland Health.

Further information on safe manual handling practices can be found at the following links:

- Introduction http://www.health.qld.gov.au/sop/documents/PHG-Intro.pdf (PDF 1.4MB)
- Implementation of a safer patient handling system http://www.health.qld.gov.au/sop/documents/PHG-Chapter1.pdf (PDF 581kb)
- Principles of risk management http://www.health.qld.gov.au/sop/documents/PHG-Chapter2.pdf (PDF 755kb)
- Patient risk assessment http://www.health.qld.gov.au/sop/documents/PHG-Chapter3.pdf (PDF 352kb)
- Training http://www.health.qld.gov.au/sop/documents/PHG-Chapter4a.pdf (PDF 531kb)
- Equipment http://www.health.qld.gov.au/sop/documents/PHG-Chapter5.pdf (PDF 486kb)
- Specialised areas and services http://www.health.qld.gov.au/sop/documents/PHG-Chapter6.pdf (PDF 346kb)
- Back injury prevention http://www.health.qld.gov.au/sop/documents/PHG-Chapter7.pdf (PDF 2MB)

The aim of these brochures is to educate employees and to reduce the risk of injury at work. There is rehabilitation and claims management processes that must be followed in the event of a work related injury.

Workplace Violence

Violence in the workplace is unacceptable. A "zero tolerance" to occupational violence has been introduced with Ministerial endorsement. There is international evidence that the health industry is being increasingly exposed to occupational violence.

Queensland Health has introduced guidelines for physical security and personal safety. An Aggressive Behaviour Management for Health Care Workers course developed by the International Training College and Queensland Health has been introduced across Queensland.

Go to http://www.health.qld.gov.au/sop/documents/ohsms_2_1_21.pdf for more information on occupational violence (PDF 132kb)
Go to http://www.health.qld.gov.au/sop/documents/ohsms_2_44_21.pdf for more information on security guidelines (PDF 471kb)

Accidents, Injuries & Work Related Incidents

When you start your placement you should obtain and understand the correct procedure to follow in the event of a workplace incident. An incident may be an illness, injury or adverse event, such as workplace violence, that may involve you or a client in your care.

For example, you must create an incident record if you were to catch chicken pox from a client, or if a client should fall down your facility's stairs while attending an outpatient's appointment.

If such an incident does occur, make sure you create a record of the event by notifying your supervisor and requesting an incident report form to complete. Each district has its own incident report forms, and procedures for collecting and processing the forms.

Immunisation and Infection Control

You must read and understand this section. Your immunisation status may affect your placement in a Queensland Health facility.

Queensland Health is committed to providing an environment that is as safe as possible for patients and health care workers. Communicable (infectious) diseases are a risk to both patients and staff of health care establishments, and the risk may be heightened during certain procedures. Therefore students need to be aware of and comply with, Queensland Health policies and guidelines related to infection control to ensure their own personal safety and that of patients and staff.

To assist staff of health care establishments to eliminate or minimise this risk, Queensland Health developed the Centre for Health Care Related Infection Surveillance and Prevention (CHRISP) website. Go to http://www.health.qld.gov.au/chrisp/ for more information.

The website provides links to the

- Queensland Health Infection Control Guidelines
  http://www.health.qld.gov.au/chrisp/ic_guidelines/contents.asp
- Queensland Health Capital Works Guidelines
  http://www.health.qld.gov.au/cwamb/cwguide/default.asp
- Public Health Fact Sheets
  http://access.health.qld.gov.au/hid/InfectionsandParasites/index.asp

Students should familiarise themselves with the Queensland Health Infection Control Guidelines prior to their first clinical placement. Particular attention should be given to the sections that relate to Standard Precautions, Employee Health and Immunisation.

Within health care facilities, Infection Control Programs promote the use of strategies and procedures to prevent or minimise the spread of infection. Standard precautions include:

- hand washing;
- immunisation;
- adherence to the principles of asepsis such as the procedures followed to reduce the risk of bacterial contamination); and
- maintenance of a clean, safe environment.

These precautions form the basis for the prevention and control of infection in health care settings. Screening for evidence of immunity (eg. Hepatitis B), instituting preventative measures, and managing situations involving occupational exposure to infectious diseases are also key components of an Infection Control Program.

Blood borne viruses continue to pose considerable risk to health care workers in the context of significant occupational body fluid exposures. Presently, the estimated risk for health care workers who sustain a needle stick injury from a source infected with a blood borne pathogen is 6-30% for Hepatitis B (HBV), 0.5-2% for Hepatitis C (HCV), and 0.3% for HIV.

At this time, of the blood borne pathogens, Hepatitis B is the only virus for which immunisation is available.

During placements, students may be exposed to blood and body fluids as a result of chance, accident or inexpertness. Therefore, actions must be taken to reduce the risk of disease transmission.

It is the responsibility of your tertiary education provider to supply Queensland Health with evidence of your immunisation status. It is mandatory that students commencing a placement in a Queensland Health facility are immunised against Hepatitis B. It is strongly recommended that students are also immunised against Measles, Mumps and Rubella (MMR vaccine), Tuberculosis, Varicella Zoster virus (chickenpox), and Pertussis (whooping cough).

Students who are HIV, HBV and/or HVC positive are requested to to refer to the guidelines on the management of infected health care workers at http://www.health.qld.gov.au/chrisp/ic_guidelines/appendix_P4.pdf.

Queensland Health may restrict or deny access to their facilities to a student who does not meet Queensland Health's immunisation and infection control requirements.

Additional Reading:
Queensland Health Centre for Health Care Related Infection Surveillance and Prevention (CHRISP) Website (www.health.qld.gov.au/chrisp/)
Queensland Health General Information Fact Sheet: HIV and AIDS
http://access.health.qld.gov.au/hid/InfectionsandParasites/SexuallyTransmittedDiseases/hivAndAids_fs.asp
Queensland Health General Information Fact Sheet: Hepatitis B
http://access.health.qld.gov.au/hid/InfectionsandParasites/SexuallyTransmittedDiseases/hepatitisBSexualHealthContacts_fs.asp
Queensland Health General Information Fact Sheet: Hepatitis C
http://access.health.qld.gov.au/hid/InfectionsandParasites/ViralInfections/hepatitisC_fs.asp

Hepatitis B Immunisation Guidelines

In line with both Queensland Health and Tertiary Education Provider policies, health professional students must be immunised against Hepatitis B prior to their first clinical placement in Queensland Health facilities.

Students will be required to provide proof of Hepatitis B vaccination to their Tertiary Education Provider on enrolment or prior to undertaking their first placement. Proof of vaccination can be provided by:

- results of a blood test that shows the required level of immunity (i.e. anti HBs >10 IU/L); or
- a letter from a general practitioner, infection control or occupational health department.

Non Responders

Students who are deemed a non-responder (i.e. a person with an anti HBs <10 IU/L after an initial course of HBV immunisation) should be referred to their General Practitioner for alternative treatment.

Occupational Exposure

Although adherence to infection control practices, including Standard Precautions, remains the first line of protection for health care workers against occupational exposure to blood borne viruses, all staff (including students) should be aware of who to contact for advice concerning the management of an occupational exposure such as a needle stick injury or body fluid exposure.

Health Care Workers with Hepatitis B, Hepatitis C or HIV

The Queensland Health Policy "Management of Human Immunodeficiency Virus (HIV), Hepatitis B Virus, and Hepatitis C Virus Infected Health care Workers" outlines responsibilities for serological testing for HIV, HBV and HCV and responsibilities of HIV/HBV/HCV infected health care workers (including students) who are about to commence performing 'exposure prone procedures'.

Other recommended vaccinations

On the basis of documented transmission in health care facilities, health care workers (including students) are considered to be at significant risk for acquiring or transmitting Hepatitis B, influenza, measles, mumps, pertussis, and varicella (chickenpox). All of these diseases are vaccine preventable. While Hepatitis B vaccination is mandatory, screening and if necessary vaccination, against the following diseases is strongly recommended:

- Measles, mumps and rubella (MMR)
- Tuberculosis (Mantoux test and chest x-ray)
- Varicella zoster virus (chickenpox)
- Pertussis (whooping cough)

Students should undergo a baseline health evaluation with their general practitioner prior to clinical placement to discuss immunisation and receive any required vaccinations. You should keep records of all vaccinations.

For further information on infection control and employee health refer to Elements of Infection Control at http://www.health.qld.gov.au/chrisp/ic_guidelines/sect2_elements.pdf (PDF 296kb)

Cultural Diversity

The state of Queensland has a diverse population with a range of needs. Did you know that in 2006 the Queensland population was made up of:

- 3.6% indigenous peoples;
- 22% of people born overseas;
- 7.8% of people who spoke a language other than English at home;

(Statistics sourced from ABS data 2006)

Awareness of cultural diversity issues is important when working in a health care setting. All clients deserve the right to receive fair and equitable services that are of a high quality.

It is important to keep in mind that we may be providing care to people from cultures that may differ from our own. Aspects of this care that may have relevance can include the way we address clients, situations of special significance and who is present during this care.

In an increasingly multicultural society, it is likely that you will meet people from a range of cultural backgrounds while on placement in Queensland Health. However, some districts may have a large number of people from a particular cultural group and it may be useful to become aware of the needs and preferences of that group prior to starting your placement.

The following website contains specific links to a range of cultural group information sites, including those for Australian South Sea Islanders, Italians, Samoan and Tongans, and Vietnamese. This information was originally published in 1998 and contact details maybe dated.
A Guide to Health Professionals -http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

Aboriginal and Torres Strait Islander Health Issues

One of Queensland Health's key priorities is to address the poor health of Aboriginal and Torres Strait Islander peoples in Queensland. Aboriginal and Torres Strait Islander people have a poorer health profile than other Australians and lower life expectancy. The health status is due to:

- lower socio-economic conditions
- poor nutrition
- substance abuse
- environmental impact and
- the remoteness of communities

Chronic disease is a major contributor of the current health problems.

To provide good health care to Aboriginal and Torres Strait Islander people, health professionals need to:

- ensure they have a good understanding of the historical policies and government practices and the subsequent impact; and
- ensure they demonstrate good cross cultural communication and understand each other's social systems

To maintain cross cultural effectiveness:

- speak clearly and simply without being simplistic or patronising;
- clarify meaning: both yours and others;
- be aware of your own non-verbal behaviour and the way you interpret that of others;
- monitor your own style and the way you respond to difference;
- relate to others as individuals, recognising similarities rather than only differences; and
- ensure you understand your clients living arrangements, relationships and accessibility to health services

The Queensland Health Aboriginal and Torres Strait Cultural Awareness Programs and the Reconciliation Learning Circle Programs are important in enabling health professionals to better understand the historical, cultural, structural factors that impact on the health status of Aboriginal and Torres Strait Islander people and their access to services.

Queensland Health has written the Aboriginal and Torres Strait Islander Cultural Respect Implementation Plan. This direction has come out of the National Strategic Cultural Respect Framework that involved representatives from Commonwealth, State and Territory Health Departments and from the National Aboriginal Community Controlled Health Organisation and its affiliated bodies.

The following websites provide more information on Aboriginal and Torres Strait Islander health data, services, cultural diversity and cross cultural communication:

Queensland Health's webpage for Aboriginal and Torres Strait Islander Health - www.health.qld.gov.au/publications/corporate/indigenous_health.asp

Go to www.atsip.qld.gov.au/ for the Department of Aboriginal and Torres Strait Islander Policy which contains the following publications:

- Proper communication with Torres Strait Islander people
- Protocols for consultation and negotiation with Aboriginal people

Go to www.healthinfonet.ecu.edu.au/ for the Australian Indigenous HealthInfoNet provides a comprehensive website on Indigenous health.

Go to www.austlii.edu.au/au/orgs/car/ for Council for Aboriginal Reconciliation

Go to www.healthinfonet.ecu.edu.au/html/html_health/health_home.htm for Aboriginal and Torres Strait Islander Health in Queensland

Go to www.health.gov.au/internet/main/publishing.nsf/Content/Aboriginal+and+Torres+Strait+Islander+Health-1lp for the Federal Department of Health and Ageing- Office for Aboriginal and Torres Strait Islander Health

Our Diverse Client Group

Awareness of multicultural issues and language services is important when working in a health care setting. Here are examples of situations that may have significance and differ for clients from different cultures:

- birth rituals/birth control
- blood transfusions
- organ donation/transplants
- concept of healing and care
- disability/rehabilitation
- appropriate behaviour for a sick person
- preferred practitioner gender
- attitudes to nudity
- preparation for death/death rituals

You should also be aware that your client may not speak English well enough to communicate with you or to understand information that is provided to them. This can include people from non English speaking backgrounds and those who are Deaf or hearing impaired.

Please review the following advice on cross-cultural communication, and communication with those who have a vision or hearing impairment, or who are Deaf.

Cultural Awareness & Language Services

Cross Cultural Communication

If you are using language services for the care of a client it is important to keep a few things in mind:

- speak steadily with normal loudness;
- give instructions in clear sequence;
- be direct and allow time for people to process instructions;
- back up verbal instructions with demonstrations; and
- have the patient to restate the message back.

When to use a Professional Interpreter

It is recommended that interpreters who have been accredited by the National Accreditation Authority for Translators and Interpreters be used whenever possible.

It is important to recognise the need for the use of an Accredited Interpreter if you are dealing with a client whose English language skills are assessed to be inadequate, if a client requests an interpreter or when the information to be communicated is significant for client /service delivery outcome.

Avoid using family members & friends

It is strongly recommended that you use an Accredited Interpreter rather than family members or friends. However, in emergencies, it may be possible to enlist the help of a bilingual health professional. It is inappropriate to get children to interpret for their relatives or friends. This is due to:

- uncertainty about impartiality;
- censoring, distortion of message;
- distortion of family authority;
- information may be withheld, such as intimate matters;
- inability to translate medical terminology; and
- medico-legal implications with use of non accredited interpreters, for example consents.

Clients with a hearing impairment

In Australia, the deaf community mainly communicate using Auslan (Australian sign language) which has a unique grammar and precise hand shapes, facial expressions and body movements to convey information. Finger spelling is used where no sign exists, such as for names of places or people. Speech (lip) reading ability and proficiency in using and understanding English varies.

It is recommended that wherever possible you should use a qualified sign language interpreter to assist with communication.

People who are hearing impaired mainly communicate with the spoken word and may use speech reading to supplement their hearing. Communication ability varies with degree of hearing loss, benefit from hearing aids and speech reading ability.

Good Communication Strategies

Keep in mind the following strategies when communicating with a person who is deaf or has a hearing impairment.

- Gain Attention – Call the person by name and/or gently touch their arm or shoulder. Vibrations such as tapping on a table may be used to gain attention in a social context.

- Face Each Other – Hearing impaired and deaf people need to see your face clearly to gain help from facial expressions and to speech read. Maintain the same eye level e.g. sit if the person is sitting and keep eye contact. Avoid shadows on your face and habits such as pencil chewing and putting hands in front of the face.

- Avoid Background Noise – If possible withdraw to a quiet area or reduce noise. Televisions, radios and people talking in the background may interfere with the person's ability to understand.

- Reduce the Distance – The level of voice decreases over distance. Standing within one metre of the person is recommended.

- Optimise Lighting – Good lighting can assist speech reading ability.

- Speak clearly – Speak at a normal or slightly slower pace and keep your volume up but natural. Do not shout or exaggerate words as speech and lip movements are distorted. Be aware that beards and moustaches may impede speech reading.

- State the subject – Let the person know the subject of the conversation and cue in to any change of topic.

- Check for understanding – Ask for feedback to check for understanding of what has been said. Use open-ended questions rather than yes or no questions. Remember that smiling and nodding does not confirm understanding.

- Repeat, rephrase or write down key messages to assist communication. Make use of diagrams and handouts.

- Use facial and body expression – It is okay to point. Do not use exaggerated mime.

- Check hearing aids are working – If you are based in a hospital and are unsure, contact Audiology for assistance. If the person wears glasses, check they are worn to assist speech reading.

Clients with vision impairment

Keep in mind the following strategies when communicating with a person who is blind or has a vision impairment.

- Identify yourself – don't assume the person will recognise you by your voice.

- Speak naturally and clearly - loss of eyesight does not necessarily mean a loss of hearing. If your client/ patient also has a hearing impairment, combine these communication strategies with the good communication strategies mentioned above.

- Continue to use body language – this will affect the tone of your voice and give a lot of extra information to the person who is vision impaired.
- Use everyday language – don't avoid words like 'see' or 'look', or talking about everyday activities such as watching TV or videos.
- In a group situation – introduce the other people present.
- Name the person - when introducing yourself, or when directing conversation to them in a group situation.
- Never channel conversation through a third person.
- Never leave a conversation with a person without saying so.
- Use accurate and specific language when giving directions – such as 'the door is on your left' rather than 'the door is over there'.
- Avoid situations where there is competing noise.
- Always ask first to check if help is needed.
- Relax and be yourself.

Offering and Providing Assistance

If you are unsure, just ask if and how you can help. Asking how much the person can see can be helpful as very few people who are vision impaired are totally blind.

If you are acting as a guide, offer your arm and lead the way. Remember to give directions and describe the way ahead. Look up as well as down to avoid any barriers at head/shoulder level, such as tree branches. If possible describe the surroundings to the person. Tell them who and what is there.

If the person wants to sit down, guide them to a chair, place their hand on the back of it and mention which way the chair is facing.

At meals times, tell the person what food is on the plate and use the clock face method to describe the location of the food and utensils. This involves directing the patient to the food on their plate using the clock face as a guide. For example, meat is at 6 on the clock, potatoes at 12 o'clock, drink is on the tray at 3 o'clock. You should only fill a cup three quarters full and always offer a refill.

Avoiding accidents

Doors should be left open or closed. They should never be left ajar. This applies in particular to wards areas used by patients such as bathroom facilities. Cupboard doors should also be kept closed to avoid accidents.

When cleaning or tidying, you should always replace all of the person's belongings where they were left. If items must be moved tell the person where they have been placed. If you are in a hospital, advise the patient of any obstacles in particular during cleaning of the ward area. Vacuum cords, wet floors or a mop and bucket are potential hazards if patients are moving around.

Be aware of consistent lighting, some patients with vision impairment may find harsh lighting or glare from windows difficult.

Always ensure any paperwork is read to the person and they understand before they sign it.

Additional Reading

Go to http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp for 'Cultural Diversity - A Guide for Health Professionals' which provides a starting point to an understanding of cultural and health issues for ethnic communities in a multicultural Queensland.

Go to http://www.health.qld.gov.au/multicultural/health_workers/guide_pract.asp for 'Providing Care to Patients from Culturally and Linguistically Diverse Backgrounds' which provides a guide to identifying and responding to cross- cultural aspects of health care delivery.